

INTERNATIONAL CENTER FOR ALCOHOL POLICIES

ICAP Reports 1 - Supplement

In February 1996, the International Center for Alcohol Policies (ICAP) published the first in a series of *ICAP Reports*. This report was entitled "Safe Alcohol Consumption: A Comparison of *Nutrition and Your Health: Dietary Guidelines for Americans* and *Sensible Drinking*". The report compared the guidelines on alcohol consumption issued by the governments of the United States and the United Kingdom, respectively. *ICAP Reports 1* attempted to analyze the differences and the similarities in the messages conveyed by the two documents.

ICAP Reports 1 was made available to a wide audience which included members of the public health and research communities, the beverage alcohol industry and related trade and social aspects organizations, government agencies worldwide, inter-governmental organizations such as WHO and the World Bank, as well as selected media within the United States and United Kingdom. The response to our publication has been overwhelmingly positive and the report has been reproduced and cited quite extensively. However, since the first report attempted to condense into four pages the contents of two lengthy reports, several issues have been raised which merit further discussion.

Health recommendations:

ICAP Reports 1 addressed the recommendations made in the United Kingdom's *Sensible Drinking* guidelines with respect to the effects of moderate drinking on "adults who are not yet middle aged." We would like to make it clear that although the protective effects on younger people were considered by the UK advisory group, their conclusion was that "it is not possible from current available evidence and evidence (...) received from expert advisers to confirm that the protective effect confers clinical benefit before middle age, when the risk of CHD becomes significant." Therefore, the health benefits of moderate drinking described in the UK guidelines relate specifically to men over 40 and to postmenopausal women. In addition, upon extensive review of international scientific literature, the advisory group confined its recommendations on the protective effects of moderate consumption of alcohol exclusively to coronary heart disease, certain types of stroke, diabetes and gallstones. These issues were not addressed in the US document.

Standard drink size:

As *ICAP Reports 1* pointed out, there is a significant difference in the definitions of standard drink size given by the governments of the US and the UK. In fact, the lack of a universally accepted drink size often makes it difficult to compare government issued guidelines and the scientific literature. The concept of a 'drink' takes on different meanings depending on the source and context. This problem is illustrated in a review on the definitions of standard drinks used in 125 separate epidemiological studies. The definitions used by the different researchers ranged from the equivalents of 10 to 48 grams of ethanol.¹

¹ Turner, C (1990). How much alcohol is in a 'standard drink'? An analysis of 125 studies. *British Journal of Addiction*, 85: 1171-1175.

In light of this lack of consensus, it is interesting to view the moderate drinking levels of the United States and United Kingdom within the context of recommendations offered by governments in other countries. As stated in *ICAP Reports 1*, a standard drink in the US contains the equivalent of 14 grams of ethanol, and a UK standard drink contains the equivalent of 8 grams. The range of official government issued recommendations is presented in the table below.² It is interesting to note that unit size is generally lower than in the United States and higher than in the United Kingdom. Of the countries whose governments have published official guidelines on alcohol consumption, Japan has the highest definition of a standard drink (19.75 grams of ethanol).

Other guidelines for moderate drinking:

The discrepancy in standard drink size also raises a problem with definitions of moderate drinking. As illustrated in *ICAP Reports 1*, in which the upper limits of the UK recommendations were compared to the levels suggested in the US guidelines, differences in the alcohol content of standard drinks must be taken into account when comparing recommendations. Levels which may at first glance appear to be significantly different may in actuality not be dissimilar when standardized for grams of alcohol. For comparison, recommendations on drinking levels published by governments of other countries around the world are also shown in the table below.

COUNTRY	AUTHORITY	Standard drink (approximate equivalent in grams of ethanol)	Daily consumption guidelines (grams of ethanol equivalents)	
			Men	Women
Australia	National Health and Medical Research Council	10	40	20
Austria	Ministry of Health	10	30	20
Canada	Committee on Health and Welfare	13.5	13.5	13.5
Denmark	National Board of Health	12	36	27
Italy	Ministero della Sanità		55.3	33.2
Japan	Ministry of Health and Welfare	19.75	39.5	
Netherlands	Ministerie van Elzijn, Volksgezondheid en Cultuur	9.9	2 - 3 units a few times a week	
New Zealand	ALAC (Alcohol Liquor Advisory Council)	10	30	20
Romania	Health Ministry		20.7 - 32.5	10.8 - 17.3
Spain	Ministry of Health and Consumption	10	30	20
Basque Country	Department of Health and Social Security		70	28
Catalonia	Central Authority	8-10	40 - 50	40 - 50
United Kingdom	Ministry of Health	8	≤ 24 - 32	≤ 16 - 24
United States	USDA / DHHS	14	≤ 28	≤ 14

² Compiled by and reprinted with permission from the Centre for Information on Beverage Alcohol; *AIM* (1996), 5 (2): 11.